

Date: Friday, 6/16/2006 2:25:37 PM  
User: Linda Lacelle

## Process Sheet

Customer	: CC-DAR01 Dart Aerospace Ltd.	Drawing Name	: D350-591-211- 216
Job Number	: 27620		
Estimate Number	: 10804		
P.O. Number	: N/A	Part Number	: Z_CUSTOM
This Issue	: 6/16/2006 S.O. No. : N/A	Drawing Number	: ADD D2732
Prsht Rev.	: NC	Project Number	: N/A
First Issue	: N/A Type : N/A	Drawing Revision	: N/A
Previous Run	: 00015	Material	: N/A
Written By	: <u>SEE ABOVE USER &amp; DAR</u>	Due Date	: 6/23/2006
Checked & Approved By	: <u>11 2 2 11</u>	Qty:	35 Um: Each
Comment	:		

## Additional Product

Job Number:



Seq. #:	Machine Or Operation:	Description :
---------	-----------------------	---------------

1.0	PACKAGING 1	PACKAGING RESOURCE #1
-----	-------------	-----------------------



Comment: PACKAGING RESOURCE #1

ADD TO KITS 2X D2732-030 PER DSI 9294

D350-591-211 B18906 already done B26472

none - D350-591-212

D350-591-213 - already on w/o

D350-591-214 B26686 8X

25434 x 2

D350-591-215 B26681 x 2

D350-591-216 B25753 XY (1) (4)

AB 06/06/16 (27X)

2.0	D2732	Rubber Extrusion
-----	-------	------------------



Comment: Qty.: 0.2500 f(s)/Unit Total: 8.7500 f(s)

Rubber Extrusion 650

B26472

206/6/19

3.0	DC	DOCUMENT CONTROL
-----	----	------------------



Comment: DOCUMENT CONTROL

INSPECT LEVEL 21

21  
206/06/20

Job Completion



U 06-06-20

Non-Conformance Report				NCR 057	
Raised by: <u>Dave Trepanier</u>		Source: <u>GUARDIAN Industries</u>		Sheet No. <u>1</u> of <u>1</u>	
Non-Conforming Dept./Supplier: <u>Packaging</u>				Date: <u>06/06/14</u>	
Product/Service: <u>D350-591-216</u>				Priority: <u>HIGH</u> LOW	
Area of Standard: QSI QSP QSPM		<b>Section A</b> <b>Description of Non-Conformance</b>  <p>Customer purchased step and clamps D3064-1 B 23604 and ears on the clamp halves bottom cut before they clamp up on the forward cross-tube.</p> <p>Root Cause: THE RUBBER CUSHION D2732-030 IS MISSING IN IPP.</p> <p style="text-align: right; font-size: small;">Forward to Director, Quality Assurance on completion of this box</p>			
Documents:					
P/O					
Invoice					
W/O					
Batch No. <u>26732</u>					
TSR					
Drawing					
DQA: Section B: Indicate who is responsible for creating C/A, and a completion date. Section C: Indicate who will verify completion of C/A.					
<b>Section B</b> <b>Corrective Action</b>		Responsible for Investigation/CA: <u>L.L.</u> To be done by: _____			
No	Initial	Action Description	Responsible	Due date	Sign/Date
1.	DT	Inspect D3064-1 for dimension to Aug	J.M.		<u>06-06-14</u>
2.	D.T	Send customer verified D3064-1 no charge	BG/S.B.		
3.	DT	Inspect D350-591-216 to ensure correct part # & B# is correct.	L.D/AP		
4.	JH	UPDATE IPP TO ADD RUBBER CUSHION D2732-030 BASED ON DST 9294	JL		
5.	JH	SEND CUSTOMER MISSING RUBBER CUSHION	O.P.		
6.	JH	UPDATE EXISTING STEP TO ADD RUBBER CUSHION.	PACK.		
Preventive Action Required: NO YES # _____				Fault Category: _____	
<b>Section C</b> <b>Verification of C/A</b>		Responsible for Verification of CA: _____			
No	Verification Method	Sign	Date	Forward to DQA on Completion of Verification	
DQA: _____				Date: _____	
QA Purposes only		N/C Closed		Date	